

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2 (1)				
6		2 (2)				
7		2 (3)				
8		102				
9		1				
10		1				
11	1					
12		1				
13		2				
14		2				
15		2				
16		2 (2)				
17		2 (3)				
18		2				
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TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	32	←		←		←
TOTAL CLAIMS	34	→		→		→

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		→		→		→